

B1 (Official Form 1)(1/08)

<b>United States Bankruptcy Court</b> <b>Northern District of Illinois</b>				<b>Voluntary Petition</b>											
Name of Debtor (if individual, enter Last, First, Middle): <b>Odibo, Grace E</b>			Name of Joint Debtor (Spouse) (Last, First, Middle):												
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):												
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-9083</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)												
Street Address of Debtor (No. and Street, City, and State): <b>4141 N Meade Chicago, IL</b>			Street Address of Joint Debtor (No. and Street, City, and State):												
ZIP Code <b>60634</b>			ZIP Code												
County of Residence or of the Principal Place of Business: <b>Cook</b>			County of Residence or of the Principal Place of Business:												
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):												
ZIP Code			ZIP Code												
Location of Principal Assets of Business Debtor (if different from street address above):															
<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<b>Nature of Business</b> (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding		<b>Nature of Debts</b> (Check one box)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.									
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			<b>Chapter 11 Debtors</b> Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).												
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				<b>THIS SPACE IS FOR COURT USE ONLY</b>											
<b>Estimated Number of Creditors</b> <table style="width:100%; text-align: center;"><tr><td><input type="checkbox"/> 1-49</td><td><input checked="" type="checkbox"/> 50-99</td><td><input type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> OVER 100,000</td></tr></table>						<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999			<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000				
<b>Estimated Assets</b> <table style="width:100%; text-align: center;"><tr><td><input checked="" type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>						<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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<b>Estimated Liabilities</b> <table style="width:100%; text-align: center;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>				<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input checked="" type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input checked="" type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion						

B1 (Official Form 1)(1/08)

Page 2

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Odibo, Grace E****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**Grace E Odibo**

Case Number:

**07-23958**

Date Filed:

**12/20/07**

District:

**Northern District of Illinois**

Relationship:

**same party**

Judge:

**Susan Pierson Sonderby****Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X /s/ Richard N. Golding****April 17, 2008**

Signature of Attorney for Debtor(s)

(Date)

**Richard N. Golding 0992100****Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Odibo, Grace E****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Grace E Odibo**Signature of Debtor **Grace E Odibo****X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**April 17, 2008**

Date

**Signature of Attorney\*****X /s/ Richard N. Golding**

Signature of Attorney for Debtor(s)

**Richard N. Golding 0992100**

Printed Name of Attorney for Debtor(s)

**Law Offices of Richard N. Golding, PC**

Firm Name

**500 North Dearborn Street  
 Second Floor  
 Chicago, IL 60610-4900**

Address

**Email: RGOLDING@GOLDINGLAW.NET****(312) 832-7885 Fax: (312) 755-5720**

Telephone Number

**April 17, 2008**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

Official Form 1, Exhibit D (10/06)

**United States Bankruptcy Court  
Northern District of Illinois**

In re Grace E Odibo

Debtor(s)

Case No.

Chapter

11

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

**Official Form 1, Exh. D (10/06) - Cont.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor:     /s/ Grace E Odibo      
  Grace E Odibo

Date:     April 17, 2008

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Grace E Odibo**

Debtor(s)

Case No.

Chapter **11**

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
<b>Anthony Kresovich</b> <b>3405 Spyglass Circle</b> <b>Palos Heights, IL 60463</b>	<b>Anthony Kresovich</b> <b>3405 Spyglass Circle</b> <b>Palos Heights, IL 60463</b>	<b>business debt</b>		<b>24,000.00</b>
<b>Applied Card Bank</b> <b>P.O. Box 15809</b> <b>Wilmington, DE 19850-5809</b>	<b>Applied Card Bank</b> <b>P.O. Box 15809</b> <b>Wilmington, DE 19850-5809</b>	<b>Credit card revolver</b>		<b>1,958.00</b>
<b>AT&amp;T</b> <b>P.O. Box 6428</b> <b>Carol Stream, IL 60197-6428</b>	<b>AT&amp;T</b> <b>P.O. Box 6428</b> <b>Carol Stream, IL 60197-6428</b>	<b>line of credit</b>		<b>4,300.00</b>
<b>AT&amp;T</b> <b>5020 Ash Road</b> <b>Springfield, IL 62711-6329</b>	<b>AT&amp;T</b> <b>5020 Ash Road</b> <b>Springfield, IL 62711-6329</b>	<b>business debt</b>		<b>2,937.00</b>
<b>Chase Home Finance LLC</b> <b>10790 Rancho Bernardo Road</b> <b>San Diego, CA 92127</b>	<b>Chase Home Finance LLC</b> <b>10790 Rancho Bernardo Road</b> <b>San Diego, CA 92127</b>	<b>1110 N Parkside Avenue</b>		<b>238,167.09</b> <b>(0.00 secured)</b>
<b>Chest Medicine Consultants</b> <b>2800 N Sheridan Rd</b> <b>Chicago, IL 60657</b>	<b>Chest Medicine Consultants</b> <b>2800 N Sheridan Rd</b> <b>Chicago, IL 60657</b>	<b>medical expense</b>		<b>9,200.00</b>
<b>CitiFinancial</b> <b>Bankruptcy Department</b> <b>PO Box 140489</b> <b>Irving, TX 75014-0489</b>	<b>CitiFinancial</b> <b>Bankruptcy Department</b> <b>PO Box 140489</b> <b>Irving, TX 75014-0489</b>	<b>line of credit</b>		<b>12,240.75</b>
<b>CitiFinancial</b> <b>P O Box 6931</b> <b>The Lakes, NV 88901-6931</b>	<b>CitiFinancial</b> <b>P O Box 6931</b> <b>The Lakes, NV 88901-6931</b>	<b>1996 Toyota Camry</b>		<b>8,329.76</b> <b>(0.00 secured)</b>
<b>Countrywide Home Laons</b> <b>SVB-13</b> <b>PO Box 5170</b> <b>Simi Valley, CA 93062-5170</b>	<b>Countrywide Home Laons</b> <b>SVB-13</b> <b>PO Box 5170</b> <b>Simi Valley, CA 93062-5170</b>	<b>6830 S Micigan Ave</b>		<b>195,748.09</b> <b>(0.00 secured)</b>
<b>EMC Mortgage Corporation</b> <b>800 State Highway 121 Bypass</b> <b>Lewisville, TX 75067-3884</b>	<b>EMC Mortgage Corporation</b> <b>800 State Highway 121 Bypass</b> <b>Lewisville, TX 75067-3884</b>	<b>3441 Flournoy Street</b>		<b>58,270.68</b> <b>(0.00 secured)</b>
<b>EMC Mortgage Corporation</b> <b>800 State Highway 121 Bypass</b> <b>Lewisville, TX 75067-3884</b>	<b>EMC Mortgage Corporation</b> <b>800 State Highway 121 Bypass</b> <b>Lewisville, TX 75067-3884</b>	<b>1254 S. St. Louis Ave.</b>		<b>358,489.78</b> <b>(0.00 secured)</b>

B4 (Official Form 4) (12/07) - Cont.

In re **Grace E Odibo**

Case No. \_\_\_\_\_

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
<b>Homecomings Financial</b> P.O. Box 890036 Dallas, TX 75389	<b>Homecomings Financial</b> P.O. Box 890036 Dallas, TX 75389	<b>4141 N Meade</b>		<b>393,061.00</b>  <b>(0.00 secured)</b>
<b>HomEqervicing Corporation</b> PO Box 13716 Sacramento, CA 95853-3716	<b>HomEqervicing Corporation</b> PO Box 13716 Sacramento, CA 95853-3716	<b>1058 N Lawler</b>		<b>226,203.16</b>  <b>(0.00 secured)</b>
<b>Litton Loan Servicing LP</b> 4828 Loop Central Drive Houston, TX 77081-2228	<b>Litton Loan Servicing LP</b> 4828 Loop Central Drive Houston, TX 77081-2228	<b>6830 S Michigan Avenue</b>		<b>50,085.00</b>  <b>(0.00 secured)</b>
<b>Merrick Bank</b> P O Box171379 Salt Lake City, UT 84117-1379	<b>Merrick Bank</b> P O Box171379 Salt Lake City, UT 84117-1379	<b>Credit card</b>		<b>3,128.32</b>
<b>Ocwen Loan Servicing, LLC</b> P O Box 785055 Orlando, FL 32878-5055	<b>Ocwen Loan Servicing, LLC</b> P O Box 785055 Orlando, FL 32878-5055	<b>3441 N Flournoy Street</b>		<b>313,923.25</b>  <b>(0.00 secured)</b>
<b>People's Gas</b> Chicago, IL 60687-0001	<b>People's Gas</b> Chicago, IL 60687-0001	<b>business debt</b>		<b>3,332.67</b>
<b>Terry Lasko</b> 675 North Court, ste 420 Palatine, IL 60067	<b>Terry Lasko</b> 675 North Court, ste 420 Palatine, IL 60067	<b>business debt</b>		<b>30,145.00</b>
<b>U.S. Bank Home Mortgage</b> 4801 Fredrica Street Owensboro, KY 42301	<b>U.S. Bank Home Mortgage</b> 4801 Fredrica Street Owensboro, KY 42301	<b>1058 N Lawler Street</b>		<b>56,469.20</b>  <b>(0.00 secured)</b>
<b>United Mortgage &amp; Loan Investment</b> .P.O. Box 471827 Charlotte, NC 28247-1827	<b>United Mortgage &amp; Loan Investment</b> .P.O. Box 471827 Charlotte, NC 28247-1827	<b>1110 N Parkside Avenue</b>		<b>59,637.05</b>  <b>(0.00 secured)</b>

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, **Grace E Odibo**, the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **April 17, 2008**Signature **/s/ Grace E Odibo****Grace E Odibo**

Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

B6E (Official Form 6E) (12/07)

In re **Grace E Odibo**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



B6E (Official Form 6E) (12/07) - Cont.

In re Grace E Odibo,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)**Taxes and Certain Other Debts  
Owed to Governmental Units**

## TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. <b>xx-xx-xxx-xxx-0000</b>  <b>Cook County Collector</b> <b>P.O. Box 4488</b> <b>Carol Stream, IL 60197-4488</b>		-	<b>2006</b>  <b>Real Estate Taxes 1441 N Meade</b>				<b>1,937.25</b>	<b>0.00</b>  <b>1,937.25</b>
Account No.								
Account No.								
Account No.								
Account No.								
Account No.								
Subtotal (Total of this page)							<b>1,937.25</b>	<b>0.00</b> <b>1,937.25</b>
Total (Report on Summary of Schedules)							<b>1,937.25</b>	<b>0.00</b> <b>1,937.25</b>

Sheet 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re **Grace E Odibo**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No.  ADT P.O. Box 371490 Pittsburgh, PA 15250		-	business debt				263.96
Account No.  Anthony Kresovich 3405 Spyglass Circle Palos Heights, IL 60463		-	business debt				24,000.00
Account No. xxxx-xxxx-xxxx-9157  Applied Card Bank P.O. Box 15809 Wilmington, DE 19850-5809		-	Credit card revolver				1,958.00
Account No. xxxx xxxx xxxx 9157  Applied Card Bank P.O. Box 15809 Wilmington, DE 19850-5809		-	Credit card				115.00
Subtotal (Total of this page)							26,336.96

7 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Grace E Odibo**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxx3792</b>		<b>line of credit</b>				
<b>AT&amp;T</b> <b>P.O. Box 6428</b> <b>Carol Stream, IL 60197-6428</b>	-					<b>4,300.00</b>
Account No. <b>xxxxx3792</b>		<b>business debt</b>				
<b>AT&amp;T</b> <b>5020 Ash Road</b> <b>Springfield, IL 62711-6329</b>	-					<b>2,937.00</b>
Account No. <b>x7418</b>		<b>revolving credit</b>				
<b>Blockbuster</b> <b>c/o Credit Protection Association</b> <b>Harwood Heights, IL 60706-7123</b>	-					<b>32.68</b>
Account No. <b>xxxx-xxxx-xxxx-7284</b>		<b>Credit card purchases</b>				
<b>Capital One Bank</b> <b>P.O. Box 60024</b> <b>City Of Industry, CA 91716-0024</b>	-					<b>0.00</b>
Account No. <b>xxxxxx7003</b>		<b>Credit card</b>				
<b>Chartered Bank</b> <b>c/o DDA Recovery</b> <b>One Citizens Drive</b> <b>Riverside, RI 02915</b>	-					<b>61.60</b>
Sheet no. <u>1</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>7,331.28</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Grace E Odibo**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>medical expense</b>				
<b>Chest Medicine Consultants 2800 N Sheridan Rd Chicago, IL 60657</b>	-					<b>9,200.00</b>
Account No. <b>x2223</b>		<b>medical expense</b>				
<b>Chest Medicine Consultants 2800 N Sheridan Road, Ste 301 Chicago, IL 60657</b>	-					<b>92.00</b>
Account No. <b>xxxxxxxx-xxx4537</b>		<b>line of credit</b>				
<b>CitiFinancial Bankruptcy Department PO Box 140489 Irving, TX 75014-0489</b>	-					<b>12,240.75</b>
Account No. <b>xxxxxx-xx4115-et al</b>		<b>business debt</b>				
<b>City of Chicago Dept. of Water Managment P O Box 6330 Chicago, IL 60680</b>	-					<b>260.65</b>
Account No.		<b>business debt</b>				
<b>City of Chicago Dept. of Law 121 N. LaSalle Street, Rm 600 Chicago, IL 60602</b>	-					<b>375.00</b>
Sheet no. <u>2</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>22,168.40</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Grace E Odibo**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxxx-xxx6921</b>		<b>revolving credit</b>				
<b>Comcast Cable</b> <b>P.O. Box 3002</b> <b>Southeastern, PA 19398-3002</b>	-					<b>148.97</b>
Account No. <b>xxxx0053</b>		<b>business debt</b>				
<b>Daody Management inc</b> <b>c/o Universal account Servicing</b> <b>P.O. Box 807010</b> <b>Kansas City, MO 64180-0001</b>	-					<b>267.98</b>
Account No. <b>xxxx5-170</b>		<b>medical expense</b>				
<b>Eye Centre Physicians Ltd.</b> <b>1725 W Harrison Street</b> <b>Suite 906</b> <b>Chicago, IL 60612</b>	-					<b>176.00</b>
Account No. <b>xxxxx5788</b>						
<b>FedEx</b> <b>P.O. Box 94519</b> <b>Palatine, IL 60094-4515</b>	-					<b>30.69</b>
Account No. <b>VNxxxx8774</b>		<b>business debt</b>				
<b>Illinois Tollway</b> <b>P.O. Box 5201</b> <b>Lisle, IL 60532</b>	-					<b>353.00</b>
Sheet no. <u>3</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>976.64</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Grace E Odibo**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>x2079</b>		<b>medical expense</b>				<b>103.00</b>
<b>Internal Medical Affiliates</b> <b>6374 N Lincoln Ave</b> <b>Chicago, IL 60659</b>	-					
Account No. <b>xxxxxxx1013</b>		<b>medical expense</b>				<b>204.45</b>
<b>Medical Recovery Specialists, Inc.</b> <b>2250 E Devon</b> <b>Des Plaines, IL 60018</b>	-					
Account No. <b>xxxx xxxx xxxx 0582</b>		<b>Credit card</b>				<b>3,128.32</b>
<b>Merrick Bank</b> <b>P O Box171379</b> <b>Salt Lake City, UT 84117-1379</b>	-					
Account No.		<b>business debt</b>				<b>Unknown</b>
<b>MJS Inspections</b> <b>P O Box 1011</b> <b>Plainfield, IL 60544-1011</b>	-					
Account No.		<b>business debt</b>				<b>Unknown</b>
<b>New World Media</b> <b>6245 W Howard Street</b> <b>Niles, IL 60714</b>	-					
Sheet no. <u>4</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>3,435.77</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Grace E Odibo**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>x3676</b>			<b>medical expense</b>				
<b>Niles Animal Hospital 7278 N Milwaukee Ave Niles, IL 60714-4334</b>	-						
							<b>288.00</b>
Account No. <b>x5734</b>			<b>medical expense</b>				
<b>North Shore MRI 9600-A Gross Point Road Skokie, IL 60076-1214</b>	-						
							<b>69.70</b>
Account No. <b>xx7374A</b>			<b>medical expense</b>				
<b>North Shore Radiological Services 9410 Compubill Drive Orland Park, IL 60462</b>	-						
							<b>14.00</b>
Account No. <b>x xxxx xxxx 2863</b>			<b>business debt</b>				
<b>People's Gas Chicago, IL 60687-0001</b>	-						
							<b>1,658.03</b>
Account No. <b>x xxxx xxxx 7891</b>			<b>business debt</b>				
<b>People's Gas Chicago, IL 60687-0001</b>	-						
							<b>135.94</b>
Sheet no. <u>5</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>2,165.67</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Grace E Odibo**

Case No. \_\_\_\_\_

Debtor

# **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS** (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>x xxxx xxxx 9904</b>		<b>business debt</b>				
<b>People's Gas</b> <b>Chicago, IL 60687-0001</b>	-					<b>3,332.67</b>
Account No. <b>x xxxx xxxx 9445</b>		<b>business debt</b>				
<b>People's Gas</b> <b>Chicago, IL 60687-0001</b>	-					<b>1,492.42</b>
Account No. <b>xxxxxxxx &amp; xxxx0895</b>		<b>medical expense</b>				
<b>Rush North Shore Medical Centre</b> <b>P.O. Box 97805</b> <b>Chicago, IL 60678</b>	-					<b>174.00</b>
Account No. <b>x2901,x5804,x2901</b>		<b>medical expense</b>				
<b>Rush University Medical Group</b> <b>75 Remittance Drive</b> <b>Chicago, IL 60675</b>	-					<b>305.00</b>
Account No. <b>xxxxx2227</b>						
<b>Sylvan Lewarning</b> <b>610 S Maple</b> <b>Oak Park, IL 60304</b>	-					<b>725.00</b>
Sheet no. <u>6</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>6,029.09</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Grace E Odibo**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>medical expense</b>				
<b>Terri S Tiersky, DDS 4200 W Peterson Chicago, IL 60646</b>	-					<b>228.50</b>
Account No.		<b>business debt</b>				
<b>Terry Lasko 675 North Court, ste 420 Palatine, IL 60067</b>	-					<b>30,145.00</b>
Account No. <b>xxxxxxxx-6631</b>		<b>business debt</b>				
<b>Travelers Insurance One Tower Square Hartford, CT 06153</b>	-					<b>1,356.00</b>
Account No. <b>xx9797, xx9796</b>		<b>business debt</b>				
<b>True Green Chemlawn P.O. Box 1589 Bridgeview, IL 60455-0589</b>	-					<b>70.00</b>
Account No. <b>xx0695</b>		<b>business debt</b>				
<b>Universal Insurance Services 3342 W Lawrence Ave Chicago, IL 60625</b>	-					<b>142.00</b>
Sheet no. <u>7</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>31,941.50</b>
						<b>Total (Report on Summary of Schedules)</b>
						<b>100,385.31</b>

**United States Bankruptcy Court**  
**Northern District of Illinois**In re **Grace E Odibo**

Debtor(s)

Case No. \_\_\_\_\_

Chapter

**11****DECLARATION CONCERNING DEBTOR'S SCHEDULES**

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of  
**24** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **April 17, 2008**Signature **/s/ Grace E Odibo****Grace E Odibo**

Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.